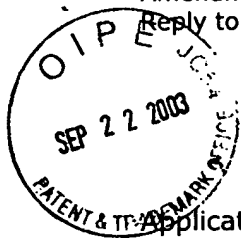


Application No.:
Amendment Dated:
Reply to Office Action of:

09/912,854
September 18, 2003
July 8, 2003

MTS-3264US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No: 09/912,854
Applicant: Sachio Nagamitsu, et al.
Filed: July 25, 2001
Title: POWER CONSUMPTION SYSTEM AND METHOD, INFORMATION
ASSEMBLY AND MEDIUM
TC/A.U.: 3629
Examiner: I.N. Borissov
Confirmation No.: 6587
Docket No.: MTS-3264US

1/C
Walden
10.01.03

AMENDMENT

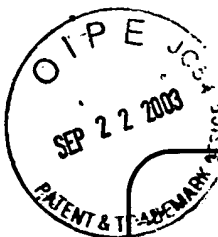
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated **July 8, 2003**, please amend the above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page _____ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page **2** of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page **11** of this paper.

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PTO/SB/21 (05-03) (AW 07-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 15

Application Number	09/912,854
Filing Date	July 25, 2001
First Named Inventor	Sachio Nagamitsu, et al
Art Unit	3629
Examiner Name	I.N. Borissov
Attorney Docket No.	MTS-3264US

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Affidavits/Declaration(s)

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Incomplete Application

<input type="checkbox"/> Response to Missing Parts under
37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
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<input type="checkbox"/> Petition to Convert to a
Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation,
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Address

<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication
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Remarks:**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature			
Date	September 18, 2003		

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

September 18, 2003

Name (Print/Type) Allan Ratner

Signature

Date

September 18, 2003

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